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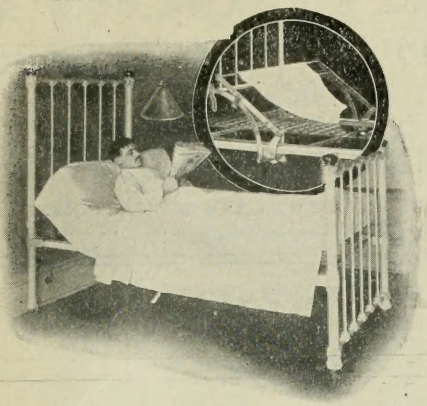

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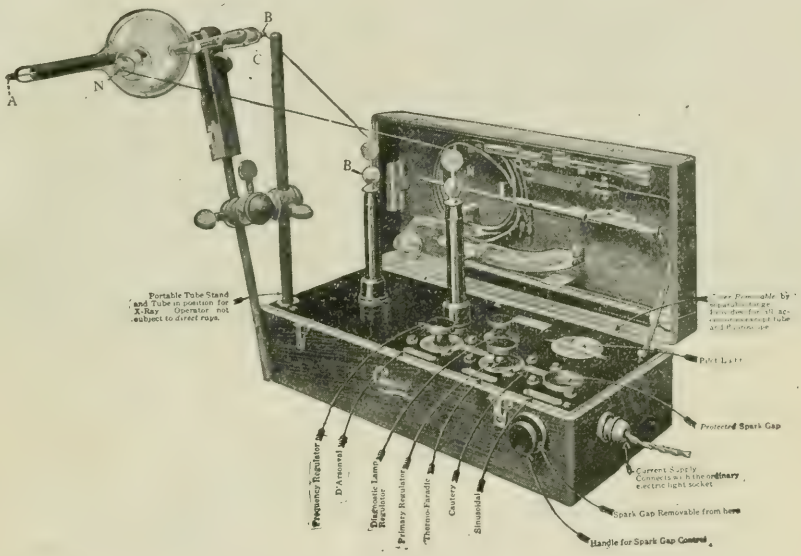

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NASHVILLE JOURNAL
—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor

VOL. CVI. DECEMBER, 1912. No. 12.

Original Communications

MEDICO-LEGAL NOTES.

By E. S. McKee, M.D., Cincinnati, Ohio.

A COMMISSION OF EXPERT WITNESSES.

Five physicians of Minneapolis, all specialists in their respective lines, have been placed at the disposal of the judges of that court by the Hennepin County Medical Society. The commission will be consulted whenever a question comes up in which the mental condition of the prisoner is a prime factor. Dr. C. H. Bradley, president of said society, is of the opinion that the work will be a long step in advance in the interest of justice. The step is surely along modern lines and will enable the judges to get at the bottom of each case. It would seem that justice would be meted out to the prisoner under such a fair system.

CAN'T PAY FOR ACQUIRING KNOWLEDGE.

That other twin, St. Paul, voted its health officer $200.00 for expenses to attend the International Congress of Hygiene at Washington. Corporation Attorney O'Neill gave the opinion that this was an illegal expenditure of money. "The common council," he said, "is authorized to provide under the charter from the general fund for current and incidental expenses of the city. The Supreme Court has ruled that this means usual and reasonable necessary expenses not otherwise provided for. Attending

the congress in question is not carrying into effect any of the powers of discharging any of the duties given and imposed by the charter of the health commissioner." St. Paul is practicing expensive economy.

OPTOMETRY IN KENTUCKY..

M. C. Carey, an optician of Whitely County, was denied a writ of prohibition to prevent Judge Sampson of Whitely Circuit Court fining him for practicing medicine without a license. Carey was testing eyes and ordering lenses, which he has ground by a firm in Cincinnati. He was indicted, plead not guilty and waived a jury. Judge Sampson said he would impose a fine. Carey petitioned for a writ of prohibition, alleging that the fine would be below the amount for which he could appeal, and he would have no relief. He denied practicing medicine or treating eyes, and declared that his business would be injured. The Appellate Court ruled that as there was no charge that Judge Sampson was about to perform an act beyond his jurisdiction, the writ could not be granted.

THE RICH AND THE POOR.

The New York Times takes up again that old question of doctors charging the rich more than the poor. It cites the recent testimony of a Pittsburg physician, who testified in court in behalf of a rather large bill for a brother practitioner who unsuccessfully treated a millionaire. He stated that doctors adjust their charges according to the fortunes of their clients "every time." This is, of course, to the most of us no news, as it has been confessed, condoned, confirmed many times. Still it causes a minute shock to the rich, if not to the poor, every time the subject is brought up. The rich can not quite see the righteousness of different prices for different persons for the same services. The editor of the Times condemns the physicians for Robin Hood like robbing the rich and giving it to the poor. If the matter is looked into it will be found that the rich pay much less in proportion to their incomes than the poor. The trouble is that we go at the

matter wrong end first. We should have a good stiff price for the rich—our regular rates—and make a reduction for the poor who are manifestly unable to pay such charges. No one could blame us for making a reduction for a poor patient, while they can and do blame us for increasing our charges for the rich—at least the rich do.

THE DIVORCE OF THE INSANE.

Thrice unfortunate he or she who is married to the incurably insane. Religious or other grounds may fix ones views on this subject, but can not lessen the great misfortune. The French have been giving this subject special attention. The subject was carefully considered in the 1910 meeting of the Congress of French Alienists and Neurologists, and this consideration resulted in the introduction of bills into the Chamber of Deputies. Dr. Lucien Graux, director of the *Gazette Medicale de Paris,* has collected much information on the subject in a little booklet, *Le Divorce des Alienes.*_ Graux instituted an extensive correspondence in his journal, which included lawyers, doctors, legislators and others who would be interested and posted on the subject. Dr. Graux sums up and critically discusses the subject and the evidence presented. His own sentiments lean towards a legal release from those individuals in this unhappy state who desire it.

PRACTICING A PROFESSION OBLIGATES ONE TO ACQUIRE THE REQUIRED KNOWLEDGE.

The High Court of Leipsic, the highest judicial tribunal in Germany, has rendered an important decision on this point. It is important, because the courts in trying unqualified persons charged with negligent or unskillful treatment of patients, have too often been inclined to regard it as an extenuating circumstance that an unqualified person could not certainly know that his treatment might eventually prove injurious. The Court also declared itself of the principle that whoever undertook to exercise a profession was under an obligation to acquire the necessary knowledge. The defendant had treated, nonsurgically, a case of cellulitis of the

thigh for which a qualified medical man had recommended an operation. The result was that after some time disarticulation of the femur became necessary. The lower Court found the defendant guilty of causing bodily injury by neglect. The case was appealed and the decision maintained by the higher Court. The judge, while admitting that the results might not have been better had the operation been performed, the charge of neglect was maintained on the ground that the defendant, knowing that he had not sufficient medical training, had undertaken to treat a case which a qualified medical man had characterized as very severe and needing immediate operation.

SPECIALIZING ON SPECIALISTS.

The Appeal Court of Honor of the Kingdom of Saxony has recently rendered a decision which is fraught with interest to specialists. The Court decided that a man shall not be allowed to call himself a "specialist for internal and external tuberculosis". The Court, on rendering judgment, said that in accordance with such leading medical men as Czerney, His, Quicke and others, a division of the medical practice into too many branches ought to be avoided. A specialist might devote himself to the diseases of certain regions or organs of the body, such as the nervous system, the eye or ear, but could not claim as his specialty a disease which might invade any region or organ of the body. The defendant was not fined, as he had acted in good faith, but was asked to remove the objectionable words from his door, visiting cards, etc. The Court further decided that the term, "Specialist for Massage of the Nerves" was not in accordance with medical ethics, because massage of the nerves was too limited a branch of treatment to be regarded as a specialty, also because it was doubtful whether the method was a scientific procedure. This practitioner was not fined, but as in the preceding case, was ordered to abstain from using the words quoted.

Proceedings of Societies

THE ACADEMY OF MEDICINE, CINCINNATI.

Monday, November 4, 1912.

Section on Specialties.

Paper—"Lenticular Fluorescence with Reference in Particular to the Eye of the Observer."—Dr. Jesse Wyler.

Paper—Borderline Cases of Pityriasis Rosea and Tinea Circinata (Ringworm of the Body)."—Dr. Moses Scholtz.

Notes.

Announcement.—The Ohio Valley Historical Society will meet at Miami University, Oxford, Ohio, November 7, 8 and 9. General subject, "Education in the Ohio Valley Prior to 1840."

An excellent oil painting of Daniel Drake is on exhibition at the Cincinnati Public Library. All physicians are welcome and should take advantage of this opportunity. November 6, 1912, is the sixtieth anniversary of the death of Daniel Drake.

A copy of the Constitution and By-laws of the Academy of Medicine was inclosed in the corner stone of the Union Central Life Insurance Company Building.

In the absence of the president and both vice presidents, on motion of Dr.Drury, Dr. Joseph Ransohoff was elected temporary chairman.

Dr. D. T. Vail presented a patient with tattooing of the cornea for cosmetic effect. Dr. James H. Williams said that in most cases of tattooing the immediate result was good, but that absorption takes place in a year or two and necessitates repeating the operation. He hoped the case would be presented again in a year or two.

Dr. Percy Shields presented a specimen of dermoid cyst re-

moved by operation. Cyst contained a large quantity of oily substance, much hair, some bony structure and teeth.

Dr. Jos. A. Hall reported a case of abdominal pregnancy and presented specimen. Placenta was attached principally to the cul-de-sac and posterior part of the pelvic wall. Gestation about four months. Partial rupture had occurred.

Dr. J. Ambrose Johnston presented a specimen and case report of an ovarian fibroma (true), weight three and one-half pounds. Patient also had gallstones. The gall-bladder was in hour-glass contraction, with a stone size of walnut in fundus and a number of smaller stones below the stricture. Both operations were done and appendix removed at one sitting. Good recovery.

Dr. A. E. Osmond read a paper on "Blood Count and Blood Examination." The paper was of immense practical value and presented many practical points gained by several years' work in the Cincinnati Hospital Laboratory. Dr. Osmond presented a chart for tabulating the findings in blood counts which prevents errors. Special mention was made of conditions and diseases where a blood count was of special diagnostic value.

Dr. R. D. Maddox presented a little apparatus for filling the pipette in making blood counts devised by himself, which is very accurate, and obviates the necessity of using the mouth as by older methods. It is very simple and ingenious and possesses great merit.

Dr. A. L. Knight, in discussion, complimented the work of Dr. Osmond, and dilated on the possibilities of error. He spoke of the possible variations in the blood of a patient at different times, even in as short intervals as one or two hours, particularly in malaria.

Dr. Moses Scholtz presented a patient and discussed the points of differential diagnosis in a case of erythema multiforme of a large papular type.

Dr. D. D. McNeen reported a case of Cæsarean section on a primipara. The indication for operation was a mass in the cul-de-sac, making delivery with forceps impossible. Operation done in patient's home. Incision into the uterus was made over the placenta, and great hemorrhage occurred. Entrance was forced

through the placenta and delivery accomplished. Child resuscitated, but only lived a short while. Mother's recovery uneventful except for fat necrosis in the abdominal wall. Dr. DeNeen also presented a specimen of osteo-sarcoma of hyoid bone removed from an animal.

Dr. Dudley Palmer reported a case of duodenal ulcer perforation simulating appendicitis; operation; recovery. He also reported a case of pylorectomy for ulcer area with evidence of beginning malignancy with presentation of the specimen. Dr. W. D. Haines, in discussion, said that nearly all cases of duodenal perforation sent into the hospital had symptoms of appendicitis, and were frequently so diagnosed. This is due to direction of escape of duodenal contents into right iliac fossa.

Dr. C. T. Souther presented a specimen of cystic tumor at base of tongue removed by operation. Case seen and operated on by Dr. W. C. Harris and Dr. Souther. Tumor contained mucus and was somewhat pedunculated. Pedicle was attached between circumvallate papillæ and the epiglottis.

Monday, November 11, 1912.

Paper.—"Pituitrin: A New Therapeutic Agent in Obstetrics."—Dr. G. Mombach.

Paper.—"The Diagnosis of Important Pathological Changes Associated with Inflammation of the Vermiform Appendix and Indications for Treatment."—Dr. Walter R. Griess.

Paper.—"Rectrocecal, with Report of a Case."—Dr. J. Louis Ransohoff.

NOTES.

Dr. Oscar Behrhan was elected to membership.

Dr. J. A. Thompson addressed the Academy as a member of the Committee on Public Policy and Legislation of the Ohio State Medical Association. He stated that Longworth and Renner seemed unwilling to commit themselves as to their attitude towards the Owen Bill, or how they would vote in reference to any change being made in the law on that subject. Letters to

Bowdle and Allen were very courteously answered in the affirmative and the profession can depend on their support. Judge Wanamaker has already put himself on record as in favor of the medical practice act as it now stands.

The secretary read a communication from the Cincinnati Medical Book Company offering the use of its reading rooms for the use of committees of the Academy at any time. On motion of Dr. Drury, seconded and carried. The secretary was instructed to thank Mr. Benton for the courtesy extended.

Dr. H. K. Stoll presented a number of very interesting specimens of pathological conditions of the eye well mounted.

Dr. W. D. Haines presented a specimen of goitre, very large fresh specimen removed on same day, weight about three pounds. Operation done to relieve mechanical condition present. Patient had gone through all the symptoms of hyperthyroidism except exophthalmus.

The paper on "Lenticular Fluorescence with Reference in Particular to the Eye of the Observer," was read by Dr. Jesse Wyler. Dr. Wyler then demonstrated the effect to a large number of members with his apparatus especially designed to show the effect of light rays on the lens when the light was passed through certain colored glass media. The therapeutic effect of euphos glass was shown.

Dr. Moses Scholtz read his paper on "Borderline Cases of Pityriasis Rosea and Tinea Circinata." The paper contains reports and photographs of personal cases and takes up the differential diagnosis very carefully.

In discussion, Dr. M. L. Heidingsfeld made a plea for a more simple nomenclature and a possible division of the cases into parasitic and non-parasitic. He said that it was not always easy to demonstrate the parasitic nature in the more mild forms, and contamination was apt to occur. He held that cases occurred mostly in spring and fall, and that new underwear was a frequent source of infection. New underwear should be laundered before being put next to the body.

Monday, November 18, 1912.

Paper.—"The Value of Artificial Pneumothorax in Selected Cases of Pulmonary Tuberculosis."—Dr. Louis V. Hamman, Associate Professor of Medicine, John Hopkins Medical School.

NOTES.

The last meeting was well attended. With Dr. Louis V. Hamman, John Hopkins, as essayist for the next session a large meeting is assured. Dr. Hamman has developed this technique and will demonstrate it at a clinical lecture held Tuesday morning at the Branch Hospital.

President Porter announced the receipt of a telegram from Dr. Pirrung in New York, stating that Mr. W. Arbuthnot Lane will address the Academy on the evening of November 25.

Dr. Albert H. Freiberg presented a case of structural scoliosis, overcorrected according to principles laid down by Abbott, of Portland, Me. The plaster-paris jacket had been put on with the aid of special apparatus devised by Abbott. Dr. Freiberg believes these cases are due to malnutrition resulting in imbalance of musculature of trunk. The patient will be kept in overcorrected position for about five months, with every effort used to bring nutrition to par. The patient will then be shown to the Academy again.

Dr. S. J. Goldberg presented a case of congenital deformity of chest in a young man otherwise of splendid physique. The deformity consisted of decided sinking in of the xiphoid appendix. There was practically no visceral displacement.

Treasurer A. G. Drury announced that many members were still in arrears for the last year, and urged prompt settlement of these accounts to facilitate the business of the Academy.

Dr. G. Mombach's paper on "Pituitrin: A New Therapeutic Agent in Obstetrics," proved decidedly interesting. Pituitrin is decidedly valuable in hydramnios and in conditions where the induction of normal uterine contractions are desirable. It is claimed that tetanus uteri is never produced. The use of this drug obviates in a large measure the application of forceps and other sur-

gical procedures. It is, of course, imperative to rule out the various mechanical dystocias. Dr. Mombach reported the favorable use of pituitrin in four cases.

Dr. Wm. Gillespie, in discussion, doubted its great utility, holding that correction of malpositions and malpresentations was the crux of the situation in prolonged labor.

Dr. Walter Griess read an excellent paper on "The Diagnosis of Important Pathological Changes Associated with Inflammation of the Vermiform Appendix and Indications for Treatment." He held that pain and temperature were the cardinal symptoms, and that perforation was generally insidious in onset and symptoms. Early operation is desirable, and under favorable conditions the mortality would be reduced to 0.5 per cent. Dr. Griess objects to the use of the ice-bag in any stage of the disease, particularly after the first forty-eight hours; prefers heat. If patient will not consent to operation, avoid catharsis and high rectal enemata.

Dr. Joseph Ransohoff held that it is difficult to diagnosticate intra-abdominal conditions prior to operation. Is particularly impressed with the blood count in these cases; four-hourly counts should be made. Decided leucocytosis usually indicates pus formation. He held that chronic conditions are more difficult to prognosticate than acute.

Dr. J. E. Caldwell believes delay to be dangerous in appendicitis. He cited several cases with apparently favorable symptoms coming to operation, with most deplorable conditions divulged.

Dr. Tate finds diagnosis at times difficult, especially when called in late in the case. The symptoms of obstruction and gangrene are at times masked.

Dr. Griess, in closing, plead for greater skill in diagnosis in these cases, holding that with care the morbidity and mortality tables could be markedly affected favorably.

Dr. J. Louis Ransohoff read a case report of a recto-cecal hernia, illustrated by an excellent drawing and several X-ray plates. Dr. Sidney Lange demonstrated the method of obtaining these pictures.

Monday, November 25, 1912.

Address.—"Medical and Social Progress."—Dr. William Anderson, Newport, Ky.

Followed by a Lunch and Smoker.

Notes.

The Bulletin takes this opportunity to announce that the First Councilor District Meeting will have the following program for Monday, November 25. The meeting is to be held at the Cincinnati Hospital amphitheatre:

11 a.m.—Operative Clinic. Mr. W. Arbuthnot Lane, London.

3 p.m.—Address. Dr. Mark Milikin, Hamilton, Ohio, President District Society.

Address.—Mr. W. Arbuthnot Lane, London.

Address.—Dr. J. C. M. Floyd, Steubenville, Ohio; President Ohio State Medical Society.

Clinic.—Dr. Fred Forchheimer, Cincinnati.

Mr. W. A. Lane is one of the most distinguished surgeons in the world, and Cincinnati should feel especially honored to have him here. His clinic in New York at the Congress was the largest in point of attendance during the congress. He had three overflow operation rooms going, and even then the crowd could not be accommodated. About 2,000 surgeons tried to see the work. The district meeting should be the largest yet held in Cincinnati.

Application for membership was received from Dr. W. A. Gardner and Dr. Thomas M. Stewart.

Dr. H. K. Dunham announced that Dr. Hamman would hold a clinic at the Branch Hospital on Tuesday morning, November 19, 1912.

Dr. J. E. Pirrung moved that the Academy of Medicine entertain the First Councilor District Meeting with a lunch and smoker on Monday evening, November 25, 1912. Seconded and carried.

The president, Dr. Porter, then introduced the speaker of the evening, Dr. Louis V. Hamman, of John Hopkins University.

Dr. Hamman read a paper and gave a demonstration of apparatus used. The title of the paper was "The Value of Artificial

Pneumothorax in Selected Cases of Pulmonary Tuberculosis." Dr. Hamman took up the history of this procedure, spoke of two special methods, of the work of Murphy and others, and advised the use of artificial pneumothorax in certain selected cases of pulmonary tuberculosis, especially where one lung was distinctly more seriously affected than the other. The incidental dangers were carefully considered, as well as means for their prevention. The general conclusion was that this procedure gave results sufficiently out of the ordinary to justify its use in selected cases, and that this is proven by about five hundred cases in the literature.

A rather free *pro* and *con* discussion followed. Dr. B. F. Lyle said the possible dangers were sufficiently great to make us very cautious in the use of this procedure. Dr. E. W. Mitchell expressed his appreciation of Dr. Hamman's excellent paper and said that the work along this line was gradually assuming a definite place in the therapy of tuberculosis. Dr. S. P. Kramer thought the rationale rather paradoxical in that it rested one lung with a compensatory effort or overwork of the other; that if fresh air was good why should shutting this air out of one lung be beneficial; the loss of lung space in this method frequently became a permanent thing. Dr. Iglauer asked if air or nitrogen gas had been used in the fatal cases reported, and if they had been X-rayed before and after treatment.

Dr. Dunham said that the paper proved Dr. Hamman's superior ability and good judgment in selecting his cases, and that everything depended on selecting the case or recognizing the special indications for treatment. The clinical results after all are our guide, and that Dr. Hamman had proved that the benefit was greater with artificial pneumothorax than any other therapy where it was indicated. Dr. Faller took very much the same ground as Dr. Kramer, and could not see on theoretical grounds at least why the treatment should be markedly beneficial, as it was contrary in some of its principles to the recognized methods. Dr. Lange said in his experience advanced tuberculosis was never unilateral, at least according to X-ray findings.

Dr. P. G. Woolley held that while the deductions of Dr. Kramer were logical, there was a possible benefit to the circulation of

the affected side, and the absorption of antibodies was perhaps greatest where tension was relieved. Dr. C. T. Souther asked as to the relative therapeutic value of artificial hydrothorax compared to that of artificial pneumothorax, and where effusion was present and aspirated if the introduction of salt solution in place of air would give as good results.

Dr. Hamman closed the discussion by answering all of the points raised.

Monday, December 2, 1912.

Report of the Milk Commission.

"Brief Case Reports Illustrating Ocular Symptoms in Acute Nephritis, Lesions of the Hypophysis, and Pernicious Anemia." Dr. Robert Sattler.

Paper.—"Mercury vs. Salvarsan in the Treatment of Syphilis."—Dr. Edwin Shields.

Notes.

The meeting of November 25, 1912, was turned over to the First Councilor District Meeting. Meeting called to order by Dr. Robert Carothers, who asked Dr. Herschel Fisher, Lebanon, O., President-elect of the Councillor District, to take the chair. Dr. Fisher then presided. There was a very large attendance.

The special order of business was a paper by Dr. W. W. Anderson, Newport, Ky., "Medicine and Social Progress." The paper was most excellent, scientific, and contained a great deal of good, sound reasoning and philosophy. It represented a great deal of thought and study, and contained much in a statistical way that is not easy to obtain. He took up the State care of the insane and made many comparisons between the relative treatment of the insane and criminal. He dealt at length with the problem of the propagation of the criminal and insane, with the laws that do, and those that should, govern matrimony. The paper created much comment and provoked a discussion of which any essayist should be proud.

The discussion was opened by Dr. David I. Wolfstein, who took the ground that if we expected to gain any headway we must forever separate the problems from politics and put it on a business and expert basis, and add to this what we know to be absolutely scientific facts, and let the public have the benefit, and not the politician.

Dr. Dan Millikin then spoke in his own inimitable way of the relation of the doctor to social progress, and gave an inspiring talk which made everyone feel glad for once that he belonged to the profession of medicine.

Dr. John M. Withrow complimented the essayist on the paper, and discussed the feature that had to do with the value of these teachings to the children and the next generation.

Dr. John H. Landis brought out some of the etiological factors that are responsible for present social and economical conditions. He showed how easy it was to place the blame in the wrong place. He discussed the problem of poor tenement quarters and their relation to disease, heredity, crime and immorality.

Dr. Anderson closed the discussion.

The meeting adjourned to the social session, consisting in a lunch and smoker to the district meeting by the Academy.

Dr. M. Salzer was surprised to find a bunch of keys in his overcoat pocket last Monday evening at the Academy. Owner will please call on Dr. Salzer and obtain reward.

Selected Articles

A FEW DIAGNOSTIC POINTS IN GENITO-URINARY DISEASES.*

By Drs. M. M. Swords and Henry F. Ader.

In presenting this paper for your consideration, the topic of which deals with a few diagnostic and general suggestions of genito-urinary diseases, we wish to state that we have nothing new to offer on the subject, but will endeavor to enumerate some facts and suggestions which we sincerely hope will be of interest and value to the general practitioner of medicine. It is not our intention to delve too deeply into the conditions and diseases of the genito-urinary tract, but only to offer a few remarks on each of what we consider the primary essentials that should be known and recognized, giving you as briefly as possible our experience in this very broad and scientific field of medicine, without rehashing or attempting to burden you with details of a subject about which much has been written, copied and rewritten.

Among the first considerations in the primary examination of your patient is intelligent, painstaking interrogation. This not only assists you in gaining the history of the onset, symptoms and conditions of an existing malady, but is the greatest asset at your command in obtaining, first of all, the confidence of your patient. That confidence is of paramount importance, and can not be too highly estimated; especially is this true in as far as the genito-urinary clinician is interested. For, remember, your patient may have come to take up his abode with you for quite some time. (This is especially true of gonorrheics, and it will require all the skill, patience and tact at your command to have him remain cured or be otherwise discharged.) History also affords you the

*Read before the Orleans Parish Medical Society, August 12, 1912.

opportunity to judge the diseases to which your patient is most liable; habits and environments likewise. The family history should be noted as to tuberculosis, malignancy, rheumatism and gouty affections, as they are the diseases in which hereditary predisposition plays such an important role, and will ofttimes be of good reasons for suspecting certain diseases of which these maladies formed a formidable background. Information about maladies of which near relatives have died is of value, often denoting hereditary characteristics.

Special Interrogation.—Relating of symptoms in detail by intelligent, observing patients is often of value, for, in certain conditions, apparent unimportant symptoms to the casual observer would, on the other hand, to the specialist, prove pathognomonic of a specific disease. Detailing of symptoms is not always reliable, consequently can not be depended upon, and must be corroborated by other findings.

The cardinal points for consideration are: the urine, frequency and urgency (whether night, day, or both), the changes in the stream, presence or absence of pain preceding, during or after urination; admixture of blood with the urine, whether constant, primary, or terminal in character; the effect of rest and exercise regarding hematuria; cloudy urine, pus and other substances. These forming the basis of this paper, we shall now proceed to consider each of these conditions separately.

Frequency.—A healthy male urinates five or six times in twenty-four hours (subject to individual variations). The amount passed averages about forty-five ounces, and the average capacity of the bladder may be given as ten ounces. Observation shows that a large number of diseases of the genito-urinary tract are accompanied with frequent urination. Distinction must be drawn between diseases which increase and those which do not increase urination, and those which decrease the output of urine. If the capacity of the bladder is unimpaired, the patient will urinate much oftener, as a rule, if the urinary apparatus is diseased. Among diseases which cause increased amount of urine are: diabetes mellitus and insipidus, chronic interstitial nephritis, urina spastica. In inflammatory conditions, such as prostatitis, posterior

urethritis, vesiculitis, inflammatory conditions around the verumontanum, trigonitis and cystitis, the frequency is increased, while the output of urine is normal. If the inflammation is confined to the urethra alone, such as in posterior urethritis and trigonitis, the the urgency exists both day and night, while in prostatitis or hypertrophy of the prostate, frequency is usually in the nighttime. In neuroses of the bladder, frequent micturition is by day, and not by night. To contrast frequent urination of hypertrophied prostate and that of vesical calculus is quite interesting; in the former, urination is much more frequent at night. We have known patients to empty their bladder almost every hour during the night, thereby losing the much-needed rest which is so essential to prostatics, and would go with comparative ease throughout the day; while in vesical calculus quite the reverse is true—patients do well during the nighttime, ofttimes sleeping throughout the entire night without a single micturition, but, upon arising, with their accustomed daily duties, which entail exercise or movement, the frequency of urination is increased to a marked degree, as in contra-distinction to a peaceful night. You should at once appreciate the value obtained by the close questioning of your patient as to frequency and urgency of urination. This can best be done by asking if he urinates oftener than he formerly did; if he does, ascertain if the increase is night or day, or both day, and night, and if more pronounced at any special time of the day, and whether or not exercise has any influence towards increasing urinary frequency.

Changes in the Urinary Stream.—Diminution in the urinary stream is the first and constant symptom of stricture of the urethra. This is marked to such an extent (allowing for variations) that it may be said without contradiction, the tighter the stricture the smaller the stream. One can oftentimes judge a filiform stricture by the size of the stream passed. In very tight strictures the stream may be wanting altogether; the urine is then voided drop by drop. The stream is partially or entirely obliterated when the bladder loses its tonicity and force, as in tabes, or when there is some obstruction in the urethra or near the bladder neck, such as stone, enlarged prostate, and occasionally a tumor may cause

this condition. Therefore, it is our customary rule to lay particular stress on changes occurring in the urinary stream, thereby obtaining much information which ofttimes proves a nucleus tending towards the diagnosis.

Pain.—Pain, as a symptom of diseases of the genito-urinary tract, while not reliable, and subject to various interpretations, is, as a whole, exceedingly important. The first consideration of pain is its location, whether over the kidney, bladder, ureters or urethra. Its exact location should be localized, if possible, and its relation to urination specifically noted. It should be ascertained whether pain is associated with the urinary act or whether independent of urination. The relation of exercise in regard to pain, whether increased or diminished: for instance, the pain of renal colic usually occurs on the side of the diseased kidney, and radiates along the ureters to the groin, and is markedly exaggerated by movements of the patient. Pain of vesical calculus usually radiates towards the head of the penis, and is especially marked in the posterior urethra, and at times the testicles may be the seat of pain which is reflex in character. Exercise plays the most important part in increasing pain due to bladder stone.

Pain of stricture occurs, as a rule, at the strictured mass. In hypertrophy of the prostate, especially in the acute variety, the pain is felt in the perineum and rectum, and at times will radiate down the thighs. The pain of stricture of the urethra occurs during urination and intercourse, while in inflammations of the bladder-neck and trigone the pain is after urination, and persists for some time thereafter. It is useless to state that there are many exceptions to these rules, but, as in circumstantial evidence with the jurist, it is but one of many links that, when joined together by other corresponding evidence, goes to form a chain upon which the diagnosis is presumed. In the more detailed genito-urinary work diagnosis is often difficult in the extreme, occasioning the use of more intricate methods of procedure, such as cystoscopy, endoscopy and microscopic and chemical examinations of all parts of the genito-urinary tract, together with various and sundried functional tests of kidney cases, which the specialist should be prepared to enter into more minutely.

Pointers Furnished by the Macroscopic Aspect of Urine.— Normally, urine is clear, with a color of some shade of yellow, varying from nearly colorless to reddish yellow depending generally upon the degree of concentration. Its odor is characteristic; when it putrefies, the odor is ammoniacal and offensive. In cystitis, if alkaline, it is ammoniacal when passed. In suppurative diseases the odor may be putrid. Standing urine is of little diagnostic value, for the deposit is generally due to the precipitation of its salts, and its cloudiness to changes of temperature and exposure to air, with decomposition. The sediment is of value only when sedimentation occurs shortly after emission. The whitish urine is observed especially in neurasthenics, and is often associated with polyuria, especially *post prandium*. The highly-colored urine is observed in febrile conditions, also in icterus and constipated patients. In the latter, coloring is due to indican or urobilin. Exceptionally, we find in normal urine a cloudy deposit, extremely mobile, very refringent, of one to three inches' thickness. This condition is due to the presence of large quantities of mucus, which is not morbid. In the female, slightly cloudy urine may be due to the washing of the vulva during urination.

Cloudy urine, which reveals urethral, vesical or renal lesions, is rather easy of interpretation. We must, however, immediately eliminate the cloudy urine due to phosphaturia, which we may call "muddy" urine, due to its density and the general aspects which it presents. This condition is especially observed in young neurasthenic females and in young men who are anemic, fatigued, and who largely spend their time in mental or intellectual work, and is due to a large elimination of minerals. It is easy to differentiate this urine from the frankly purulent one, for, by the addition of pure glacial acetic or phosphoric acid, the salts dissolve and the limpidness of the urine reappears. This test is indispensable, often preventing the patient from receiving unnecessary medicated irrigations of the bladder. It is again important to have your patient urinate in two glasses at least, to eliminate lesions from urethra or prostate. A cloudy urine, with shreds in the first glass, the urine of the second glass being clear, will be in favor of an acute or subacute urethritis. Clear urine, with

shreds in the first, will be in favor of a chronic urethritis, with or without folliculitis.

As to the abundance and aspect of the pus in the second glass, this is what we generally meet: the urine may or may not have a deposit. In the first case it is rather difficult to state the part played by the kidney or bladder. When a deposit, however, this deposit may be grayish, slightly mobile, scarcely concrete, and not very abundant. We are then dealing with vesical pus. If the pus is due to cystitis, we have our three principal symptoms, namely: pain, purulence and frequency, with tenesmus going as far as incontinence. The cystic may be due to a simple infection brought on by catheterization. May be an infectious cystitis or a post-blenorrhagic one. May also be caused by a tight stricture. The history given by this patient will generally clear up these conditions. In tuberculosis cystitis, the family and personal history of the patient, his aspect, and the chronicity of the affection are etiologic factors of first importance, and the genital lesions, prostato-vesicular or orchi-epididymary, will often, by their presence, put the seal on our diagnosis. The cystoscope will in these cases render great service.

Vesical pus may again be due to foreign bodies: stones of uric acid, phosphatic or oxalic origin; or again exogenitic bodies, as hair-pins, conductors, pieces of catheter, etc. The history of the patient, with the assistance of the cystoscope, will confirm our diagnosis.

Lastly, let us mention pus due to hypertrophied prostate, which prostatics suffer with complete or incomplete retention. This infection is due to the fermentation of the non-voided urine, and very often to the infection produced by a septic catheter. The age, history of the patient, rectal and cystoscopic examinations will clear our diagnosis. A patient may sometimes urinate large quantities of pus with no cystitis and no renal complications. We must then think of a pre-vesical abscess with secondary opening in the bladder. The cystoscope is of indispensable use in these cases (which are rare). However, the general practitioner should not overlook these cases, so as to clear the diagnosis of a difficult one.

When the deposit is greenish, abundant, dense and concrete,

falling heavily to the bottom of the glass, we are probably dealing with a hydro- or pyo-nephrosis. The infection may be tuberculous, and the whitish, soapy-water-looking urine will be in favor of this condition. In pyelitis we observe polyuria with cloudiness, urine pale, without chromogen, holding inferior qualities of urea and chlorides, well showing the feebleness of the organic exchanges.

Albuminuria, in all these cases, is present, but we must not forget that this may be simply a false or leucocytic albuminuria, not an essential one. This is the reason why the practitioner must always notice the color of the urine before making chemical examination.

Hematuria.—Hematuria, with pyuria, is one of the great syndromes which dominates the whole of urinary pathology. It is the first which attracts the attention of the patient; it invites him to consult the physician, and the primordial importance is justified by this fact: that it suffices by itself, when it is observed and analyzed, to make an almost exact diagnosis, which is not the rule with other affections, which necessitates at least the co-existence of two or more symptoms. Blood may come from the urethra or its glands, from the bladder or higher organs, the kidneys or ureters.

If the blood comes from the urethra it may be a traumatic rupture of the perineal urethra resulting from a fall, in which cases, besides the hematuria, we generally observe a perineal tumor and a reflex retention of urine. We may also observe a bloody discharge in urethral polypi and urethral calculi diagnosticated with the urethroscope. In these cases, which we may call "distilling urethrorrhagia," the blood escapes drop by drop from the meatus. We are not then dealing with a true hematuria, as will be mentioned in the following affections:

If the blood comes from the urethral glands, prostate or seminal vesicles, we are now dealing with an initial hematuria, one of "washing." The first jet of urine chases the secretion which may have collected in the prostatic urethra, and we have then a slight hematuria, slightly cloudy, rusty-colored as a rule, with clots of a brown haze, and we must then think of a beginning cancerous

prostate. In more advanced cases the diagnosis will depend on the rectal touch and the state of the prostate, which is of a linear hardness, filled with nodules, varying from the size of a pea to that of a large nut. Truly, it is rare that we observe hematuria in true hypertrophy of the prostate, tuberculous prostatitis or diffuse prostato-pelvic carcinomata. Allow us to state, rapidly, the bloody ejaculations (hemaspremia) which we rarely observe in certain non-specific vesiculitis.

If the Blood Comes from the Bladder—With Cystitis.—If the blood is present during the whole of micturition, or only at the end (total or terminal hematuria, we are dealing with a hemorrhage of the body of the bladder with co-existing symptoms, pain, pyuria and frequency; or, again, with a hemorrhage from the neck of the bladder, its most vascular region. In intense cases the bloody appearance from the middle portion of the micturition will be more pronounced than at the end, which already allows us to differentiate it from renal rematuria. In cases of simple inflammatory hematuria of gonorrheal origin the patient's history will make the diagnosis. Very often, also, we are dealing with a tuberculous hematuria, with or without ulcerations. Our diagnosis is based on the general condition of the patient, which is usually precarious, on the small bladder capacity, the existence of other lesions of the uro-genital apparatus, and in particular on the frequent presence of a nodule, round and hard, at the junction of the prostate and one of the seminal vesicles, and lastly the finding of the Koch bacillus and the disintegration of the white blood cells and the inoculation of the guinea-pig.

We must also mention hematuria due to foreign bodies, and in particular hematuria due to calculi. We recognize the condition rather easily, for its character is that of being "provoqued"—that is, that it appears preferably during the evening after a hard day's work, a prolonged walk, a ride in a carriage, car or other vehicle. With this pathognomonic sign we may have pain radiating towards the end of the penis, pyuria, frequency of micturition, and occasional stopping of the urinary stream due to the stone acting as a ball valve.

Without Cystitis.—When blood comes from the bladder without cystitis we must immediately think of vesical tumor. The hematuria is generally *spontaneous,* coming on at any time during the day or night, and which distinguishes it from the "provoqued" hematuria caused by calculi. This hematuria may be very abundant, red or black, and most frequently with clots. We do not dwell too deeply on the hematuria due to hypertrophy of the prostate, which is one of congestion, easily diagnosticated. Also, hematuria due to too rapid evacuation of a largely distended bladder.

The blood comes from the reno-ureteral apparatus. The general characters of renal hematuria may be classed thus: First, it is, as a rule, except perhaps in T. B., rather marked; second, the hematuria is generally total—that is, the urine is equally colored from beginning to end in micturition; third, the hematuria contains long clots, rounded and moulded in the ureter.

In this hematuria, of renal origin, we recognize numerous causes which we may divide into hematuria of rare causes and hematuria of frequent causes. In hemorrhages due to rare causes we may mention acute nephritis due to scarlatina, pneumonia, diphtheria, etc., the diagnosis of which presents little difficulty. Also chronic nephritis (Bright), with albuminuria and casts associated with the hematuria. We might mention hematuria due to renal congestion during pregnancy, and also that due to floating kidney, observed so frequently on the right side of women.

Of the frequent causes of renal hematuria, the three most important are; tuberculosis, calculi, and cancer. Renal hematuria due to tuberculosis is mostly unilateral in the beginning, may present only slight hemorrhage, giving just a pink tint to the urine. The patients are generally children or young adults, rarely old persons, and the hemorrhage may be rather discrete for a while. Palpation is difficult, especially during the period of granulation or ulceration. Our diagnosis is based on the fact that, outside of these periodical hematuriæ, the urine remains cloudy—that is, pyuria co-exists. Hematuria of renal tuberculosis is not accompanied by pain, as a rule, is seldom influenced by fatigue or rest, but appears at any time.

Renal calculi causing hemorrhage is often associated with pain in the lumbar region, radiating down the groin into the testicle, with pyuria, and its main feature is that it is "provoqued." Usually the kidney is not palpable. Hematuria due to renal cancer is almost always spontaneous, and generally one of the late symptoms of renal cancer, and when the patient presents this condition we may be sure to find an enlarged kidney. Outside of the periods of hematuria the urine remains clear.

And, in conclusion, we will state that hematuria not associated with organic trouble may be caused by medicinal substances—mercury, cantharides, etc.—which often disappear when the drug is discontinued. Parasitic hematuria, filiaria sanguinis, is only observed in patients coming from warm climates, and who, besides hematuria, suffer with chyluria.—*New Orleans Medical and Surgical Journal.*

Extracts from Home and Foreign Journals.

SURGICAL

The Radical Cure of Hernia in Infants and Young Children.

Kellock (Proceedings of Royal Society of Medicine) says that considerable importance should be given the origin of inguinal hernia in young children, so far as the sac, at any rate, is concerned, and thinks that the only "acquired" factor is the protrusion of some viscus into an already existing sac. The writer holds that operation can and should be done at any early age, and believes that a suitable procedure is one he has reduced to a very simple form. Some importance is attached to preparatory treatment. An infant who has a hernia of any size is kept for a few days before the operation in the Trendelenburg position, with the feet and legs over a wedge pillow, so that the hernia is kept out of the way. In the operation itself, an inch incision is made through the skin at right angles to the direction of the cord, and just above the external abdominal ring. This incision is well away from the genitals, and is accompanied by very little bleeding. The coverings of the cord being divided longitudinally, the sac is found, isolated, drawn down, transfixed and ligatured as high up as it can be reached, and the skin wound then closed.—*Charlotte Medical Journal.*

Robbing Surgery of Its Terrors.

As Dr. Crile explains it: "Anæsthesia puts asleep only a portion of brain, and is at best only a veneer. Rough manipulation of the viscera excites an involuntary reactive opposition of the

patient to the surgeon, a silent protest of the unconscious patient against physical injury."

Now Crile conceived the idea that if he could temporaily cut off communication between the field of operation and the brain —prevent the nerves from carrying "insults" to headquarters— the occurrence of shock might be prevented. He performed hundreds of experiments on animals under ether with the operation field cocainized in addition, and found that the cocaine prevented the transmission of these injurious impulses, and so prevented shock.

The principal was then applied to the human subject with happy results. An extremely dilute solution of cocaine or similar drug is used, not enough to involve any danger from the drug; it benumbs the nerve endings in the wound, being purposely injected in and about the nerve-trunks that supply the part to be operated on, after the patient is well under ether. This effectually "blocks off" the part, prevents the transmission of alarms to the brain, and thus completely cuts off control from headquarters for the time being.—*William Brady, M.D., in Harper's Weekly.*

OBSTETRICAL

The Ethics of Abortion.

The ethical aspects of abortion always challenge a thoughtful mind. Many have grave doubts as to the advisability of refusing to perform abortion on young girls who were actually seduced under promise of marriage; or on raped inbeciles or on those married women suffering from tuberculosis, Bright's disease, pathologic vomiting, or incipient melancholia; or on poor married women who must needs support by the sweat of their brows, their many undesired children resulting from the marital right; or on those daring women who feel that breeding is not their sole function in life.

The problem has but one answer to some fortunate few. The

many, however, will not be convinced by the dogmatic solution presented by Edward Nammack, M.D., in the Medical Record for September 14, 1912. For the benefit of those medical thinkers and sociological workers who have been discussing and considering this problem, we print the paragraph that indicates what a trifling ethical question abortion offered the believer.

"The ethical aspects of abortion need not detain us long. There is no ethical question to be solved by the man who believes that there is a God, and that this God gave to Moses on Mount Sinai, the commandment 'Thou shalt not kill.' To the man who does not so believe, argument is a waste of time."

The same commandment possibly might be construed as referring to war or even to the payment of starvation wages. The ethical aspects of abortion might have detained us longer.—*Medical Review of Reviews.*

A Modification of the Stem Operation for Sterility and Dysmenorrhea.

Dr. L. Grant Baldwin described a new operative technic for application in cases of sterility. The stem pessary is used, and in order to hold it in place two small buttons are placed on either side of the cervix and the thread is passed through the hole in one button, then through the second hole in the same button, then through one side of the cervix, through the stem, through the button on the opposite side, then through the other side of the cervix and back to the original point and tied. This procedure is done in order to prevent the sutures from cutting out of the cervix. It is best to thread the buttons through the stem before introducing it, then all that has to be done inside of the vagina is to tie the knot over the second button.

As a preliminary to the use of the stem pessary, Dr. Baldwin discussed curetting and draining the uterus before inserting. In order to drain the uterus he mops it out with gauze and usually puts in a good sized glass catheter. It is found that a solid glass rod drains better than the hollow glass tube.—*Long Island Medical Journal.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly umbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail. either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

CLOSE OF VOLUME CVI.

Sixty-two years ago the *Nashville Journal of Medicine and Surgery* was lounched upon the tempestuous seas of medical journalism by its distinguished founder, Dr. W. K. Bowling, since which time it has lived a checkered existence of varying fortunes. Whatever may be considered the result of this journalistic venture, whatever influences it may have exerted, whatever assistance it may have afforded its readers, whatever its present standing, one thing may be said to its credit, the *Journal* still lives. This too, at a time when circumstances surrounding the being of an independent medical journal have changed to such an extent as to make its life precarious. Looking back over its history since its beginning, over half a century ago, we recall that its destinies were directed by such editors as W. K. Bowling, Paul F. Eve, Sr., W. T. Briggs, W. L. Nichol, Thomas O. Summers, each one of whom at different times occupied the editorial tripod and administered its control. It can not be controverted that the *Nashville Journal of Medicine and Surgery* has in the past under such management been an element of importance, journalistically speaking, with the medical profession of the South. Under the present management it is still striving to win the esteem and support of medical men. It is still endeavoring to maintain the same high standard of excellence established by its founder. To accomplish this the editor bespeaks the encouragement and aid of the physicians of the South. The object and aims of the *Journal*

are the same as those declared by its founders, namely, a periodical that may serve as a medium for the publication of scientific papers, for the selection of papers of worth and note, the abstraction from other journals of practical notes that will help its readers in their work, editorial discussions of questions of the day, and reviews of present day publications as they issue from the press. The present editor has been at the helm for nearly forty years, and in all that time he has conscientiously tried to editorially live up to the high standard of his predecessors, and to conduct a journal that would be of some aid to his contemporaries. If in no other way, he has at least succeeded in this—in carrying on his journalistic enterprise for a longer time than probably any other American medical editor. With the aid of our friends we shall continue the work. We ask their coöperation. The profession of the South should have some sort of pride in a Southern product that has weathered the storm so long, and should support it, unmindful of efforts of the present day to smother out the life of all enterprises not founded on graft, and by such effort keep alive a journal that has for so long a time been a steadfast exponent of scientific progressive medicine. Bespeaking therefore the support and aid of physicians of the South, and thanking our friends for their kindness and help in the past, we extend to every member of the profession our heartfelt wishes for a merry Christmas and a Happy New Year.

To Subscribers.

Statements have been sent to subscribers for subscriptions due to the Journal, and we have asked a settlement and renewal with the beginning of the New Year. Many have responded by sending in their dues and renewals for another year. Quite a number remain from whom there have been no responses. A few claim to have ordered the Journal discontinued. We ask all who have not replied to do so at once, as it is important in making up a mailing list for the year to have it correct. We do not want names on the list that will claim to have had their subscription stopped. We have to have, as required by law, a paid up sub-

scription, and therefore have called editorial attention to it in this way. We beg our readers to let us hear from them without delay. Begin the year with good deeds and the year will bring success. One thing we do ask, and that is let us know at once whether you wish your subscription continued or stopped.

New Postal Law.

Statement of the ownership, management, circulation, etc., of the Nashville Journal of Medicine and Surgery, published monthly, at Nashville, Tenn., required by the act of August 24, 1912.

Note.—This statement is to be in duplicate, both copies to be delivered by the publisher to the postmaster, who will send one copy to the Third Assistant Postmaster General (Division of Classification), Washington, D. C., and retain the other in the files of the postoffice.

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None.

(If additional space is needed, a sheet of paper may be attached to this form.)

Average number of copies of each issue of the publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date of this statement. (This information is required from daily papers only.)

C. S. Briggs, M.D.

(Signature of editor, publisher, business manager and owner.)

Sworn to and subscribed before me this 18th day of December, 1912. T. W. HALES,
Notary Public in and for the city and county of Davidson, State of Tennessee.
(My commission expires January, 1916.
(Seal.)

A WOMAN PHYSICIAN IS NEEDED.

This is a Christian hospital, opened in 1900, two years after a dispensary had been started.

In one year more than 10,000 treatments have been given, 530 in-patients cared for, in addition to many visited in the city and district.

Jhansi, a city whose poulation is 55,724, is situated in nearly the geographical center of India. It is a large military cantonment and civil station, and the headquarters of the Indian Midland Railway Administration. Throughout a vast region for hundreds of miles villages are thickly scattered, in very few of which the gospel has ever been preached. The city and region are full of Mohammedans in addition to the Hindus. There are not more than fifteen foreign Christian missionary workers in the community.

All in-patients are under regular Christian instruction, and many who are now Christians state that they were first led to think of God as Father and Christ as Saviour by reading portions of Scripture given to them in the hospital or dispensary.

Patients come not only from the city, but from the neighboring native states, and from distant towns and villages. One recently came from the State of Datia, where no mission work has ever been done. Besides having a successful operation performed she was taught to read in Hindi, and upon returning home took many tracts and portions of Scripture, which she promised to distribute carefully.

Successful cases bring many friends. Among the patients was a son of a washerwoman, who had all the superstitions and prejudices of his caste. The hospital staff were not told of the child's

illness until he had become worse under the treatment of native doctors, and was approaching the crisis of pneumonia. He was finally brought to the hospital. In addition to his weakness, he screamed constantly from an abscess in the middle ear, brought on doubtlessly by lack of proper treatment in the earlier stages. *His relatives were sure that he was possessed with a devil, and insisted upon taking him home and summoning the devil doctor. Their treatment consists in beating and torturing the patient, under the mistaken idea that they are afflicting the devil, who will leave the patient and find a more peaceable abode.* Meantime, not only the relatives, but many people of his caste, arrived at the hospital and began a loud wail of lamentation. After strenuous efforts the parents were persuaded to leave the child at the hospital, with the result that he has completely recovered. Cases like this do much in breaking down false belief and worship.

This post requires a woman of thorough medical training, unimpaired physical constitution, good sense, sound judgment, capacity for leadership, a cheerful, hopeful spirit, ability to work pleasantly with others—all controlled by a single-hearted, self-sacrificing devotion to Christ and His cause. She should be prepared to make her professional knowledge and skill directly subservient to the furtherance of the Gospel.

Support is provided by the Woman's Union Missionary Society, and includes traveling expenses, living quarters, and outfit allowance, in addition to the regular missionary salary, which is based upon what experience to be necessary to maintain the worker comfortably.

For further particulars write to Mr. Wilbert B. Smith, Candidate Secretary, Student Volunteer Movement, 125 East 27th St., New York City.

Another Christian Doctor Needed.

This is a missionary hospital, which was started by the Methodist Episcopal Church. Another Christian doctor is needed for the staff.

Guanjuato is a city of 60,000, the capital of the state of the same name. It is located 160 miles northwest of Mexico City. It stands at an altitude of 6,500 feet in a rich silver-mining region. The Mexican Central Railroad passes through the city.

One year's report of the hospital staff shows 339 visits to homes, 4,579 consultations, 24,523 treatments, 52 major and 279 minor surgical operations, medicines furnished 17,587 patients. Fifteen different nationalities were included among those who were treated.

For this internship a man is required who has had a thorough medical education and who is prepared to make his professional knowledge and skill directly subservient to the furtherance of the Gospel.

Communications may be addressed to the director of the hospital, Dr. Levi B. Salmans, Good Samaritan Hospital, Guanjuato, Mexico.

The undersigned will be glad to communicate with any medical men who are interested in the need for physicians in foreign countries.

Mrs. Wilbert B. Smith, 125 27th Street, New York City.

Dental Interne (Male).

December 11, 1912.

The United States Civil Service Commission announces an open examination for dental interne, for men only, on December 11, 1912, at the places mentioned in the list printed hereon. From the register of eligibles resulting from this examination certification will be made to fill a vacancy in the position of dental interne at $600 per annum, with maintenance, in the Government Hospital for the Insane, Washington, D. C., and vacancies as they may occur requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

The Department states that it reserves the right to terminate the appointment at the expiration of one year of service if it is deemed advisable to do so.

As no applications were filed for the examination for this position announced to be held on October 23, 1912, qualified persons are urged to enter this examination.

In addition to the many interesting cases presented, the dental interne is given an excellent opportunity for study and for doing experimental and research work in the pathological, histological, and other laboratories of the institution.

Competitors will be examined in the following subject, which will have the relative weights indicated.

Subjects	*Weights*
1. Letter writing (the subject matter on a topic relative to the practice of dentistry)------	5
2. Anatomy and physiology (general questions on these branches, also with reference to the teeth, mouth, and head)----------	10
3. Chemistry, materia medica, and therapeutics (the preparation, properties, and reactions of chemicals, crude drugs and their preparations, their action and application, with those of other therapeutic agencies)----------	15
4. Dental pathology and oral surgery (the morbid process incident to diseases and injuries of the teeth, mouth, and contingent structures, and their surgical treatment)-------	20
5. Operative and prosthetic dentistry (the detailed technics of general and special operative and laboratory work)----------	25
6. Bacteriology, histology, and hygiene (the cultivation, isolation, demonstration of bacteria, the principles of sterilization, mounting specimens, use of microscope, the principles of general and oral hygiene, etc.)---	10
7. Orthodontia (local and constitutional irregularities in growth and development of the teeth, and their correction)----------	15
Total----------	100

Applicants are required to be graduates of regularly incorporated dental colleges, and applications will not be accepted from persons who have been graduates more than two years.

Statements as to training, experience, and fitness are accepted subject to verification.

Applicants must be unmarried.

Age, 20 years or over on the date of the examination.

This examination is open to all male citizens of the United States who meet the requirements.

Persons who meet the requirements and desire this examination should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list printed hereon, for application and examination Form 1312. No application will be accepted unless properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the hea dof this announcement should be used.

As examination papers are shipped direct from the Commission to the places of examination, it is necessary that applications be received in ample time to arrange for the examination desired at the place indicated by the applicant. The Commission will therefore arrange to examine any applicant whose application is received in time to permit the shipment of the necessary papers.

Issued November 11, 1912.

Dr. L. B. Graddy.

The memory of Dr. L. B. Graddy, a prominent physician who formerly lived in Nashville, who died recently, has been honored by the Nashville Academy of Medicine and the Davidson County Medical Society. Suitable resolutions on his death have been adopted. The resolutions in full follow:

Whereas, The death of Dr. L. B. Graddy has taken from our city a valuable citizen and from the local profession a distinguished and esteemed member, and

WHEREAS, We fully appreciate the qualities of mind and heart that made Dr. Graddy a figure of national as well as local professional importance, and endeared him to a legion of personal friends; be it

Resolved, That the Nashville Academy of Medicine and Davidson County Medical Society does hereby express its keen sense of the great loss it and the profession generally has sustained. Be it further

Resolved, That in order to give public expression to our regard for our departed colleague, and to our feeling of serious misfortune through his death, that the local papers be requested to publish these resolutions. Be it further

Resolved, That our secretary be directed to forward a copy of the resolutions to Dr. Graddy's family and to assure them that the medical profession and the community at large have, with them, suffered an irretrievable loss.

RICHARD A. BARR,
W. FRANK GLENN,
M. C. MCGANNON,
W. M. MCCABE,
E. B. CAYCE.

BIRTH.

To Dr. William Thompson and Artemisia Howard Briggs, December 3, 1912, a girl.

Reviews and Book Notices

Progressive Medicine.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Diagnosis in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Medical College; One Time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, Etc. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia; Ophthalmologist to the Frederick Douglass Memorial Hospital; Instructor in Ophthalmology, Philadelphia Polyclinic Hospital and College for Graduates in Medicine. Volume IV. December, 1912. Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum—Diseases of the Kidneys—Genito-Urinary Diseases—Surgery of the Extremities, Shock, Anaesthesia, Infections, Fractures and Dislocations, and Tumors—Practical Therapeutic Referendum. Lea & Febiger, Philadelphia and New York. 1912.

We acknowledge with thanks to the publishers the receipt of this quarterly, which we have always regarded as the most valuable serial publication before the profession. The name Progressive Medicine is peculiarly appropriate, as it presents the advances, discoveries and improvement in medicine and surgery as they are being made from day to day. The work of the editors is all that it should be, and that of the contributors most excellent. The contributors to each number have been selected as being authorities upon the subjects assigned to them, and each department is exhaustive, in that nothing of progress has escaped them. The contents and authors are as follows: "Diseases of the Digestive Tract and Allied Organs; The Liver, Pancreas and Peritoneum, by Edward H. Goodman, M.D., Philadelphia; Diseases of The Kidneys, by John Rose Bradford, M.D., F. R. C. P., F. R. S., London; Genito-Urinary Diseases, by Charles W. Browny, M. D., Surgery of the Extremities, Shock, Anæsthesia, Infections, Fractures and Dislocations and Tumors, by Joseph C. Bloodgood M. D.; Practical Therapeutic Referendum, by H. R. M. Landis, M. D., Philadelphia; Index. We say of this serial as we have said of preceding volumes, that the practical physician can not make a

better investment than the six dollars per annum subscription price of this quarterly.

The Practitioner's Visiting List for 1913.—An invaluable pocket-sized book, containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular, showing the several styles, sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

We take pleasure in calling the attention of our readers to the Practitioner's Visiting List, which appears in the twenty-ninth year of issue with this copy. Certainly no better visiting list is prepared for physicians than this. It is compact, well arranged, and systematized. The text in this issue is brought fully up to date, and contains a scheme of dentition, tables of weights and measures, instructions for examining the urine, diagnostic tables of eruptive disease, incompatibles, poisons and antidotes, artificial respiration, table of doses, alphabetical table of diseases and their remedies and directions for ligation of arteries—almost a cyclopedia of important information in a nutshell. This Visiting List is elegantly gotten up, and is well calculated to stand the hard usage given it in its use during the year.

A System of Surgery.—Edited by C. C. Choyce, B.Sc., M.D., F. R. C. S., Dean of and Teacher of Operative Surgery in the London School of Clinical Medicine (Postgraduate); Assistant Surgeon to the Seaman's Hospital, Greenwich; Surgeon to Out-Patients at the Great Northern Hospital. Pathological Editor, I. Martin Beattie, M.A., M. D., C.M., Professor of Pathology and Bacteriology, and Dean of the Faculty of Medicine in the University of Sheffield Royal Infirmary and Royal Hospital. In Three Volumes. Vol. I., with 16 Colored Plates, 64 Black and White Plates and 250 Illustrations in the Text. New York. Fink & Wagnalls Co. 1912.

Our thanks are due the obliging publishers for Volumes I and II of this new work on Surgery. The concluding volume will be

issued in a short time. The work is a composite one, and is made up by the contributions of a selected corps of authors, each contribution being in the form of an elaborate monograph on the subject treated. The authors are for the most part well known English surgeons, whose views upon the themes assigned them are authoritative. The entire field of surgery has been covered, and the work has been so ably edited that scarcely a break is to be observed between the articles. Volume I is devoted chiefly to surgical pathology and general surgery, whilst Vol. II and II are made up of a systematic description of the surgical diseases of the various organs and regions. The limited space preclude a full description of surgical operations, the lines of operation procedures being merely indicated. Diseases of the eye and ear and cutaneous diseases have been omitted. We feel sure that in this work surgeons will find a most useful help to keep himself abreast of the most modern teachings of surgeons, and students will find in it a most valuable aid in his advanced studies. The publishers are to be congratulated upon the excellent manner in which they have gotten up the work. We can conscientiously recommend the work to the profession.

E. Merck's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics. 1911. Vol. XXV. E. Merck Chemical Works, Darmstadt, 1912.

We acknowledge with thanks the receipt of this valuable report that will serve as a very useful handbook for physicians in their daily work. It supplies a real want. For quick reference as to properties and uses of the various drugs this report furnishes a valuable help to physicians. This volume, XXV, is fully revised and brought completely up with the times. We have only one objection to urge to the copy sent us, and that is that it has not a more substantial cover, as a work that is so frequently consulted should be proof against wearing out too soon.

Publisher's Department

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—OF—

MEDICINE and SURGERY

C. S. BRIGGS, A.M., M.D.
EDITOR and PROPRIETOR

Volume 106—January-December, 1912

NASHVILLE, TENNESSEE
1912

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